



This is part of the standard *disclosure form* that agents/companies are required to issue with a policy at the time of application. The form answers questions paralleling those in the worksheets on the previous pages. This discloses policy features and limitations. The required chart below, when filled out, lets the client view a policy's benefits unbundled. This allows the client to compare individual options, and presents possible options for flexibly "designing" a policy to adjust premiums.

	POLICY OPTION 1	POLICY OPTION 2	POLICY OPTION 3	POLICY OPTION 4
COMPANY NAME:	_____	_____	_____	_____
ELIMINATION(DEDUCTIBLE) PERIOD	_____	_____	_____	_____
BENEFIT PERIOD	_____	_____	_____	_____
\$ BENEFIT FOR DAY	_____	_____	_____	_____
\$ MAXIMUM BENEFIT	_____	_____	_____	_____
INSTITUTIONAL/NURSING HOME	_____	_____	_____	_____
HOME HEALTH/COMMUNITY BASED	_____	_____	_____	_____
PREMIUM SUBTOTAL \$.....	_____	_____	_____	_____
OPTIONAL BENEFITS				
Inflation	_____	_____	_____	_____
Non Forfeiture	_____	_____	_____	_____
Spousal Discount	_____	_____	_____	_____
Death Benefit	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
PREMIUM TOTAL \$.....	_____	_____	_____	_____
BENEFIT "TRIGGERS" (QUALIFICATION REQUIREMENTS)				
List _____	_____	_____	_____	_____
List _____	_____	_____	_____	_____
List _____	_____	_____	_____	_____